| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | , , | Application or Docket Number | | | | |
|---|--|---|--------------------------------------|--|------------------------|---------------------------|---|------------------------|------------------------------|---------------------|----------------------------|--|--|
| | | CLAIMS | | (Column 1) (Column 2) | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE | | |
| BASIC FEE | | | | | • • | | BASIC FEE | | OR | BASIC FEE | 300 | | |
| EXAMINATION FEE | | | | | | | EXAM. FEE | | 1 | EXAM. FEE | 200 | | |
| SEARCH FEE | | | 1 | | | _ | SEARCH FEE | 1 | 1 | SEARCH FEE | 100 | | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = /05, 50 = | | | | X \$ 125 = | | 1 | X \$ 250 = | 757 | | |
| TOTAL CHARGEABLE CLAIMS | | | 24 minus 20 = . H | | | | X \$ 25 = | | OR | X \$ 50 = | 2/1 | | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = * | | | | X \$ 100 = | | OR | X \$ 200 = | | | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | ESENT | | <u>.</u> | | + \$ 180 = | | OR | + \$ 360 = | <u> </u> | | |
| * If | the difference | in column 1 is | ess than zero, enter "0" in column 2 | | | ımn 2 | · TOTAL | | OR | TOTAL | · | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | |
| AMENDMENT A | · | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUS PAID FO | R SLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | * | Minus | ** | | | X \$ 25 = | | OR | X \$ 50 = | | | |
| | Independent | * | Minus | *** | - - | : | X \$ 100 = | | OR | X \$ 200 = | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | | | | |
| | | | | | | | TOTAL ADDIT | • | OR | TOTAL ADDIT. | | | |
| | | (Column 1) | | (Column | 2) | (Column 3) | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBER PREVIOUS PAID FOI | T R SLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | * | Minus | ** | = | : | X \$ 25 = | | OR | X \$ 50 = | | | |
| | Independent | * | Minus | *** | = | ; | X \$ 100 = | | OR | X \$ 200 = | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | | | | |
| | | | | | | | TOTAL ADDIT | | OR | TOTAL ADDIT. FFF | | | |
| * ** | If the "Highest Nu If the "Highest Nu | umn 1 is less than th umber Previously Pa umber Previously Palo mber Previously Palo | id For" IN THIS id For" IN THIS | SPACE is less the | an '20', ian '3', e | enter "20". enter "3". | in the appropriate b | ox in column | 1. | | | | |